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7590

09/21/2006

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(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,006	09/24/2003	Yukihiro Noguchi	65933-043	1802

TITLE OF INVENTION: DISPLAY APPARATUS WHERE VOLTAGE SUPPLY REGION AND CONTROL CIRCUIT THEREIN ARE STACKED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/21/2006	
EXAM	MINER	ART UNIT	CLASS-SUBCLASS				
SHAPIRO	O, LEONID	2629	345-204000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>		•	2. For printing on the p (1) the names of up to	3 registered patent attorn	neys 1 McDERMOT	T WILL &	
		ange of Correspondence	or agents OR, alternatively, EMERY LLP				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or a	e firm (having as a membagent) and the names of umeys or agents. If no name printed.	p to		
. ASSIGNEE NAME	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ				
PLEASE NOTE: Ur recordation as set for	nless an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the part a substitute for filing an	atent. If an assignee is icassignment.	dentified below, the docu	ment has been filed f	
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SANYO EL	ECTRIC CO., LT	CD.	OSAKA, JAPA	AN			
lease check the approp	riate assignee category or	r categories (will not be pr	rinted on the patent):	Individual Corporati	ion or other private group	entity Governme	
a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply any prev	iously paid issue fee sh	own above)	
Issue Fee			A check is enclosed.				
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Advance Order -	# of Copies2_		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5004 (enclose an extra copy of this form				
. Change in Entity Sta	atus (from status indicate	d above)				•	
a. Applicant clain	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL EN	TITY status. See 37 CFR	1.27(g)(2).	
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Becker

Stephen A.

Authorized Signature

Typed or printed name

December 15, 2006

Registration No.

26,527